



# Maricopa County Department of Public Health

## Request for Certified Copy of ARIZONA Birth Certificate

**WARNING: False Application for a Birth Certificate is a Punishable Offense**

For Date Stamp

<p><b>Mail Application:</b> MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix, AZ – 85001</p> <p><b>Apply Online:</b> <a href="http://www.VITALCHEK.com">www.VITALCHEK.com</a> (Refer to website for their current fees)</p> <p><b>Apply In Person:</b> Three locations to serve you</p> <p>Central Phoenix – 3221 N. 16<sup>th</sup> St. Phoenix 85016 (1 blk south of Osborn) West Valley – 3003 W. Thomas Rd., Suite 200B Phoenix 85017 (near I-10/I-17 fwys) East Valley – 4419 E. Main St., Suite 105, Mesa, AZ 85205 (I-60 and Loop 202 Red Mtn Frwy)</p> <p><b>Hours of Operation:</b> Mon-Fri 8am-4:30pm - Closed Federal Holidays</p> <p><b>Telephone:</b> 602-506-6805</p> <p><b>Questions,</b> download forms, <b>acceptable IDs</b> &amp; more: <a href="http://www.wearepublichealth.org">www.wearepublichealth.org</a></p> <p><b>Fees:</b> \$20 per certified copy \$30 per Correction, Amendment, Paternity, Court Order</p>	<p style="text-align: center;"><u>Application Checklist</u></p> <p><input type="checkbox"/> Proof of Relationship enclosed if required (birth certificates, certified court documents, etc)</p> <p><input type="checkbox"/> Clear photocopy of your valid, signed government Photo ID <b>OR</b> have your signature notarized</p> <p><input type="checkbox"/> Sign the application</p> <p><input type="checkbox"/> Correct Fee enclosed</p> <p style="color: red;">Acceptable forms of payment: Money order, Cashier's Check, Visa, and Master Card only</p>	<p style="text-align: center;"><u>Office Use Only</u></p> <p><input type="checkbox"/> Process</p> <p><input type="checkbox"/> Return by Mail</p> <p><input type="checkbox"/> Call</p> <p><input type="checkbox"/> Fwd AZOVR</p> <p><b>Insufficient Fee:</b></p> <p><input type="checkbox"/> No Fee</p> <p><input type="checkbox"/> Incorrect Fee</p> <p><input type="checkbox"/> CC expired</p> <p><input type="checkbox"/> Need other payment type</p> <p><b>Identification:</b></p> <p><input type="checkbox"/> ID expired\invalid</p> <p><input type="checkbox"/> Need clear copy of ID</p> <p><input type="checkbox"/> Need CC holder's ID with Signature</p> <p><input type="checkbox"/> Need ID with signature</p> <p><b>Proof of Eligibility:</b></p> <p><input type="checkbox"/> Need signature</p> <p><input type="checkbox"/> Applicant ineligible</p> <p><input type="checkbox"/> Not an AZ record</p> <p><input type="checkbox"/> Need Documents</p> <p>Other _____</p>
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<b>Order Info</b>	<p>Today's Date _____ # of copies requested _____ Purpose of Request _____</p> <p style="text-align: right;">MO Credit Card Cashier's Check</p> <p style="text-align: right;">Payment method (circle one)</p>																									
<b>Birth Certificate Information</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Date of Birth</td> <td style="width: 30%;">Name on Certificate: First</td> <td style="width: 20%;">Middle</td> <td style="width: 30%;">Last</td> </tr> <tr> <td colspan="2">Town/City of Birth</td> <td>County</td> <td>Hospital</td> </tr> <tr> <td>Mother's First Name</td> <td>Middle</td> <td>MAIDEN</td> <td>Date of Birth</td> </tr> <tr> <td colspan="2">State (if US) or Country of birth</td> <td colspan="2"></td> </tr> <tr> <td>Father's First Name</td> <td>Middle</td> <td>Last</td> <td>Date of Birth</td> </tr> <tr> <td colspan="2">State (if US) or Country of birth</td> <td colspan="2"></td> </tr> </table>		Date of Birth	Name on Certificate: First	Middle	Last	Town/City of Birth		County	Hospital	Mother's First Name	Middle	MAIDEN	Date of Birth	State (if US) or Country of birth				Father's First Name	Middle	Last	Date of Birth	State (if US) or Country of birth			
Date of Birth	Name on Certificate: First	Middle	Last																							
Town/City of Birth		County	Hospital																							
Mother's First Name	Middle	MAIDEN	Date of Birth																							
State (if US) or Country of birth																										
Father's First Name	Middle	Last	Date of Birth																							
State (if US) or Country of birth																										
<b>Person Requesting Certificate</b>	<p>Applicant's Full Name - printed _____ Applicant's Signature - <span style="color: red;">Required</span> _____</p> <p>Mailing Address _____ Street _____ City _____ State _____ Zip _____</p> <p>Daytime telephone number _____ Email address _____</p> <p>Your relationship to person on certificate – Circle one <span style="color: red;">**PROOF of relationship MUST be provided if you are NOT named on the certificate</span></p> <p>Parent Self Brother\Sister Grandparent Legal Guardian Spouse Gov't Agency Other _____</p>																									
<b>Verification</b>	<p>Gov't issued ID (OFFICE USE ONLY)</p> <p>Documents Verified (OFFICE USE ONLY)</p>																									
<b>Notary Area</b>	<p>State of _____ County of _____</p> <p>On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.</p> <p>Notary Signature _____ My Commission Expires _____</p>																									

SFN

Request ID

Date Entered

Date Issued

Serial Numbers

Receipt #

Affix Seal/Stamp Here

<b>Pay with Credit</b>	<p><b>Payment information</b></p> <p>Card number _____ / _____ Card expiration date _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p style="color: red;">*Must attach copy of credit card holder's valid government photo ID with signature</p> <p>Signature of Card Holder _____ \$20.00 X _____ = \$ _____</p> <p style="text-align: center;"># of paid copies requested _____ Amount to be charged _____</p>
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